

CHICKASAW FOUNDATION

2023-2024 Native Americans Transforming Visions Scholarship Application

To promote the general welfare and culture of the Chickasaw people by supporting educational, health, historical and community activities and programs.

The Chickasaw Foundation is very proud to offer funding assistance for college and announces the availability of the Native Americans Transforming Visions Scholarship for the 2022-2023 academic year. **This general purpose education scholarship is for a graduate from the Chickasaw Children's Village.** After completing this application, and providing us with the required documentation, your application will be reviewed for consideration of funding. Incomplete applications and/or applications lacking appropriate documentation will not be considered.

This scholarship funding is only for the 2023-2024 academic year and is dependent upon the availability of funding. Scholarship awards will be made payable directly to the student's vocational-technical or trade school, college or university. If a student is awarded a scholarship from the Chickasaw Foundation, the Foundation does not stipulate how the scholarship funds sent to a college or university are to be used, and it is up to the individual to be aware of any tax considerations or issues. The award requirements and amount may change during the course of a school year. **All scholarship applications and supporting documentation must be delivered or postmarked by the stated deadline – June 1, 2023 at 5:00 p.m. CST to be considered for funding.**

ADDITIONAL ELIGIBILITY

Native Americans Transforming Visions Scholarship

- Any form of higher learning that includes, but is not limited to: vocational-technical school, a trade school, or any undergraduate program at a two- or four-year college/university
- Major - Any field
- Must maintain a GPA of 2.5 or higher

Personal Information:

Name: _____ Preferred name: _____
First Middle Last Suffix

Social Security no.: _____ College student ID no.: _____ Citizenship no.: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

Birth date: _____ Age: _____ Gender: Male Female

Tribe: _____ Degree of Indian blood: _____ / _____

What will be your classification for the upcoming academic year for which you are applying?

Freshman Sophomore Junior Senior Graduate student Vo-tech student

What dates did you attend the Chickasaw Children's Village? Beginning date: _____ Ending date: _____

Parent/Legal Guardian (if applicable): (Birth date is required for security purposes)

Parent/legal guardian name: _____
First Middle Last Suffix

Birth date: _____ Home phone no.: (____) _____ Cell phone no.: (____) _____

Parent/legal guardian email address: _____

Undergraduate Information:

Name of college or university: _____

Address: _____
Street City State ZIP

College/university GPA: _____ Expected graduation date: _____
(4.0 scale)

Major: _____ Minor: _____

Career Technology, Vocational-Technical Center, or Trade School Information:

Name of career tech/vo-tech/trade school: _____

Address: _____
Street City State ZIP

Start date: _____ Completion date: _____ Vo-tech GPA: _____
(4.0 scale)

Pass/fail: _____ Field of study: _____
Vo-tech only, if applicable

Major: _____ Minor: _____

The application must be accompanied by the following documents:

- Current high school transcript copy
- Current college transcript copy (if applicable)
- Fall semester class schedule
- A copy of your CDIB
- Typed essay (two pages - size 12 font - double spaced - name typed and signed in the top right corner) **describing your background, interest in the field of study, long-term goals, and your plans on achieving them** (include your past accomplishments, tribal involvement, community involvement, etc.)
- A resume of honors, achievements, awards, club memberships, societies, civic involvement, and employment. Please limit to no more than two pages.
- A wallet-sized high-quality/resolution photo (will be returned)

Note: Students enrolled in online classes will be eligible to be considered for a scholarship award as long as the classes are associated with an accredited college or university.

All letters and emails detailing missing documents are sent to students as a courtesy. It is the ultimate responsibility of the student to ensure that applications and documentation are received or postmarked by established deadlines.

Any dispute over student eligibility will be decided by the Chickasaw Foundation. The decision by the Chickasaw Foundation will be final.

All scholarship applications must be hand-delivered or postmarked by the stated deadline date to be considered for funding. Applications and documents can no longer be submitted by fax or email. The completed application and all documents may be returned to:

**Mail to: Chickasaw Foundation
Post Office Box 1726
Ada, Oklahoma 74821-1726**

**Hand-deliver to: Chickasaw Foundation
David Stout Building
520 East Arlington, Building B
Ada, Oklahoma 74820**

If you have any questions, please contact the Chickasaw Foundation office at (580) 421-9030.

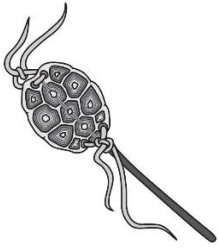
By signing this application, I understand (if chosen as a scholarship recipient) the Chickasaw Foundation has my permission to use the information above for publication.

Contractual Agreement - I declare that if I may receive any funds from the Chickasaw Foundation, I will use those funds solely for expenses connected with attending _____. I also certify that the information is true and correct to the best of my knowledge.

I will provide the Chickasaw Foundation office with a copy of my current transcript and class schedule at the end of the semester. I will also provide a thank-you card when requested for publication and acknowledgment to the scholarship donor(s).

Student's signature

Date



Student Authorization for Disclosure of Information In Education Records

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended.

Instructions:

To authorize the Chickasaw Foundation to obtain your educational information and to release your educational information to individuals or the college/university you are attending, Please completed the following:

Note: Forms will not be accepted without a signature.

First name:	
Middle name:	
Last name:	
Suffix:	
Birth date:	

Authorization:

I hereby authorize the Chickasaw Foundation to disclose my educational record(s) to the individuals listed below:

Individual authorized	Birth date	SSN	
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked

Authorization:

I hereby authorize the _____ to disclose my educational record(s) to the Chickasaw
Name of educational institution

Foundation, and also authorize the Chickasaw Foundation to disclose or obtain my educational record(s) from the _____.
Name of educational institution

 Student signature

 Date

 Parent/legal guardian signature (if applicable)

 Date